

Legislative Testimony
Public Health Committee
HB5541 AAC Services Provided by Dental Professionals and Certification for Advanced Dental Hygiene
Practitioner
Wednesday, March 21st, 2012
Jeffrey Berkley, DDS

Senator Gerratana, Representative Ritter and members of the Public Health committee, my name is Jeffrey Berkley and I have been practicing dentistry for 25 years. I am the owner of Connecticut Oral and Maxillofacial Surgery Centers, with offices in West Haven, North Haven, Meriden, Mansfield and Putnam. I have volunteered at each of the CT Mission of Mercy events, as well as numerous other charity programs including Give Kids a Smile, Doctors with a Heart, and as needed for people in my community who need oral surgery but cannot afford care. The surgeons in our practice provide services to both children and adults through the CT Dental Health Partnership. I am Department Head of Dentistry at Midstate Medical Center and participate in the residency programs at both St. Raphael's Hospital and Yale New Haven Hospital. I am also on the Board of Governors of the CSDA and an officer in the NHDA. I thank you for the opportunity to present this written testimony to you in opposition to HB 5541.

The specific composition of this bill shows that this legislation is driven by emotion rather than data and facts. It seems illogical that after extensive testimony and presentation of data, that the specific proposals for expanded scope should be combined into one bill rather than be considered on their individual merits. This state currently has over 1300 dentists providing care for our Medicaid children. Our own state agencies have testified that children receive care at equal utilization rates to those with private insurance. Getting all our state's population to seek dental care at higher rates is not addressed in any way in this legislation.

The Department of Public Health's scope of practice process, which the CSDA supported, was presented evidence in support of allowing hygienists to perform Interim Therapeutic Restorations (IRT) as referenced briefly in line 223 of this bill, and for allowing hygienists and dental assistants to become Expanded Function Dental Auxiliaries which is in section 2 of this bill. These are competencies and roles that numerous states already allow for and could have an immediate impact on access and utilization. However, I am staunchly opposed to sections 3 through 6 which attempt to create an "Advanced Dental Hygiene Practitioner." The proposals backed by the CSDA have been shown to be effective in making dental care more efficient and productive in the military and other settings. ITR and EFDA have a track record, proven safety and effectiveness, and potential to stabilize or lower the costs of care. In contrast, ADHP has no proven record of success and does not address cost containment in any way. These providers will exit training with substantial education debt and are not obligated in any way to accept lower reimbursement. Nor can they and still survive as a viable entity from a business standpoint.

Medicine and Dentistry are not similar in demographics, and Connecticut is not similar to Alaska. To expand on this point, Medicine has extreme division by specialization that encompasses even sub-specialists as the norm. Most providers of Medicine are not general practitioners. In contrast, Dentistry is predominantly comprised of general practitioners. The state of Connecticut has rural regions but virtually every part of the state is within a short distance of dental providers. States like Alaska have hundreds of miles, areas bigger than our entire state, with no providers. The emotional national issue of access to care must be tempered by the specific facts relative to our state. Care needs to be taken to avoid unintended consequences that are likely to occur. An example of this would be to make new dentists avoid our state due to its restrictive and interfering policies that are "not logical". Connecticut currently has

the most restrictive definition of scope of practice for actual licensed dentists and now this bill would couple this with the most liberal scope of practice for midlevel and auxiliary providers. If we truly wish to provide the most qualified individuals to care for our state's residents, this is certainly not the way to accomplish it.

There are numerous organizations in Connecticut that are partnering to improve utilization, and provide education to promote acceptance and compliance with oral hygiene and dental care. The yearly expense that both legislators and our associations must expend to revisit the same issues year after year must be considered. Facts and data show that there are ways we can improve the health of our citizens that are not being funded or addressed. Ignoring these facts taxes the finite resources that we all have, pursuing well intentioned but misguided legislation that distracts us from the goal of the best possible care for our state's residents. The CSDA, and I personally, would be happy to make ourselves available to help answer any questions that would further this process. In closing, I would like to again respectfully thank the members of the Public Health committee for allowing me to submit this testimony and would urge you to oppose this bill as it is currently written.

Sincerely,

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